



LAUNCESTON RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year 1967

Health Area Office,  
Launceston,  
Cornwall

WILLIAM PATERSON, M.B., Ch.B., D.P.H.  
Medical Officer of Health



Health Area Office,  
Launceston.

To: The Chairman and Councillors of the  
Launceston Rural District.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1967.

The vital statistics for the year show that <sup>live</sup>births numbered 100, an increase of 18 over the 1966 figure, while deaths numbered 74, compared with 89 in 1966. This gives a favourable balance of births over deaths, with 26 more births than deaths. The Registrar-General's estimate of the mid-year population was 7050, an increase of 290 compared with the 1966 figure. It is difficult to understand an increase of this size, in view of the fact that births outnumbered deaths by only 26, and that no large scale housing development took place in the District to attract an increase of population of this size. It must be concluded that it is due largely to a subsequent adjustment at the General Register Office of the increase of the estimated mid-year 1966 population due to the boundary changes which occurred in that year.

Heart disease, cancer and vascular lesions of the nervous system, in that order, headed the list of causes of death. Three infant deaths and one stillbirth occurred during the year.

The incidence of notifiable infectious disease, once again, was low.

In the sanitary circumstances of the district, the record is of continued progress, with further Council house development, with the Lewannick and Polyphant Sewerage and Sewage Disposal scheme virtually complete by the end of the year and the Langore scheme well in hand. The North Petherwin Sewerage and Sewage Disposal scheme was the subject of the official enquiry during the year. The further account of this scheme is a subject for a future report, but, at the time of writing, how far in the future this will prove to be is uncertain.

Mr. T.A.Judd, the Council's Public Health Inspector for 32 years, retired on 9th April, 1967. His influence on the public health of the District was profound, and his knowledge of the area unequalled. The Council's tribute to him was gracefully and appropriately made at the time, but I should like to add my personal appreciation, after nearly 13 years of friendly and untroubled co-operation, a greatly valued and rewarding experience for me.

I wish to record my thanks to Mr. T.C.J. White, the Council's Public Health Inspector, for his valuable co-operation in all aspects of our work together, and in the preparation of this report, the bulk of the information concerning the sanitary circumstances of the District having been provided by him. To Mr. G.L. Davey, the Clerk of the Council,



Mr. F.R.Thorne, the Council's Surveyor, and the Council's other officers, I am indebted for much willing help. I am grateful to the General Medical Practitioners for their co-operation.

The interest of the Council and, in particular, of the Chairman and members of the Public Health Committee is once more gratefully acknowledged.

I have the honour to be,

Your obedient servant,

WILLIAM PATERSON

Medical Officer of Health



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## LAUNCESTON RURAL DISTRICT COUNCIL

### Public Health & Housing Committee

Cllr. R.T.Kneebone - Chairman

Cllr. W.D.Allin - Vice-Chairman

Cllr. D.E.Phillips	Cllr. Revd.R.W.Howlett
" L.Hooper	" Miss D.M.B.Lethbridge
" A.Barriball	" J.A.Mann
" F.Broad	" W.J.Palmer
" Mrs.E.Di.Bryant	" H.S.Sandercock
" E.C.Chudleigh	" W.R.Sandercock
" J.H.Cory	" J.N.Stephens
" J.Harvey	" A.L.Stephens
	" T.R.Uglove

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### Sewerage Committee

Cllr. L.L.Pooley - Chairman

Cllr. O.C.G.Harris - Vice-Chairman

Cllr. D.E.Phillips
" L.Hooper
" R.A.Balsdon
" F.Broad
" J.T.Carpenter
" J.H.Cory
" C.J.Cowling
" E.J.Dingle
" W.R.L.Hawke
" H.R.Jones
" W.D.Neville
" M.R.Penney
" W.J.Rowland
" A.L.Stephens
" W.J.Uglove

### Public Health Officers of the Local Authority

#### MEDICAL OFFICER OF HEALTH

W.PATERSON, M.B., Ch.B., D.P.H.

also holds appointments of :

Medical Officer of Health :      Launceston Borough Council  
   Bude/Stratton Urban District Council  
   Stratton Rural District Council  
   Camelford Rural District Council

Health Area Medical Officer, Area No. 6 Cornwall County Council

School Medical Officer - Cornwall County Council

#### PUBLIC HEALTH INSPECTOR :

T.A.JUDD (Retired 9.4.67)

T.C.J.WHITE, M.A.P.H.I. (Appointed 1.4.67)







# SUMMARY OF VITAL STATISTICS

Area (in acres)	85, 267
Population	7, 050
No. of separate dwellings occupied	2, 305
Rateable value 1967	£113,470
Product of ld. rate at 31.3.67	£441.15.4d.

<u>Live Births</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1,000 estimated population</u>
Legitimate	95	48	47	14.2
Illegitimate	5	2	3	
<u>Stillbirths</u>	1	1	-	9.9
				(Rate per 1,000 total births)
<u>Deaths</u> (all causes)	74	38	36	10.5

## Deaths from Puerperal Causes :

Puerperal and post-abortive )	
sepsis )	N I L
Other Puerperal Causes )	

## Infant Mortality (deaths under 1 year per 1,000 live births)

3	1	2	30
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	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	4	7	11
Measles (all ages)		N I L	
Whooping Cough (all ages)		N I L	
Diarrhoea (under 2)		N I L	



## NATURAL AND SOCIAL CONDITIONS

Area (in acres) 85,267. The district is essentially agricultural. Mining, formerly an important industry, is no longer in active operation, but quarrying, on a commercial scale, is carried on in the District. Industry otherwise is largely connected with agriculture, but there is a factory producing articles of plastic clothing.

Population The Registrar-General's estimate of the mid-year population was 7,050, an increase of 290 over the previous year. The "natural increase" of the population is the excess of births over deaths. In 1967, there were 26 more births than deaths.

Deaths The total number of deaths assigned to the district for the year was 74 compared with 89 in 1966. The crude death rate based on the mid-year population was 10.5 compared with 13.165 in the previous year. The following table has been compiled for comparison with previous years :

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1963	76	38	38	12.73
1964	83	46	37	13.926
1965	64	38	26	10.738
1966	89	45	44	13.165
1967	74	38	36	10.5

In order to compare the mortality in the district with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as 0.93 for the District.

The Standardised Death Rate, therefore, is 9.765 which may be compared with that of 11.2 (provisional) for England and Wales.

Births The number of live births assigned to this District was 100 compared with 82 in 1966. The rate per thousand of the population was 14.2. When the Registrar General's Area Comparability Factor for births (1.10) is applied to this figure, the Standardised Birth Rate of 15.62 for this District compares with 17.2 (provisional) for England and Wales.

Stillbirths - There was one stillbirth in 1967.

Illegitimate Births - There were five illegitimate births assigned to the District during the year. Shown as a proportion of the total number of live births, this represents 5 per cent.

Maternal Mortality - There was no death connected with childbirth during the year.



Infant Mortality - There were three infant deaths in 1967.

<u>Sex</u>	<u>Age</u>	<u>Cause of Death</u>
F	12 hours	Anencephaly
F	less than 12 hours	Cerebral haemorrhage (accidental)
M	6 days	Acute Cardiac failure

NOTE :

VITAL STATISTICS

It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.



Mortality Table

Classified in accordance with 36 headings based on the  
Abbreviated List of the International Statistical  
Classifications of Disease, Injuries and Causes of Death, 1955.

<u>Cause of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infection	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	1	1	2
11. Malignant neoplasm, lung, bronchus	1	-	1
12. Malignant neoplasm, breast	-	3	3
13. Malignant neoplasm, uterus	-	-	-
14. Other malignant and lymphatic neoplasms	2	3	5
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	7	6	13
18. Coronary disease, angina	11	3	14
19. Hypertension with heart disease	2	2	4
20. Other heart disease	4	4	8
21. Other circulatory diseases	1	5	6
22. Influenza	-	-	-
23. Pneumonia	2	-	2
24. Bronchitis	2	-	2
25. Other diseases of respiratory system	-	-	-
26. Ulcer of stomach and duodenum	-	-	-
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	1	1	2
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	1	1	2
32. Other defined and ill-defined diseases	1	2	3
33. Motor vehicle accidents	-	1	1
34. All other accidents	1	4	5
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
	38	36	74





## GENERAL PROVISION OF HEALTH SERVICES

### General Medical Services

General medical services under Part IV of the National Health Service Act, 1946, are provided by medical practitioners resident in the district and in adjoining districts, all of whom undertake maternity medical services.

### County Council Services

- I Health Department. The County Council is the local health authority for the purposes of Part III of the National Health Service Act, 1946, and provides the following services in the district :-
- (a) Midwifery and Home Nursing. Nurse-midwives are provided to attend general nursing and midwifery cases in the home.
  - (b) Health Visiting. Health Visitors are available to give advice on health matters in the home or at the clinic. Originally concerned with the care of mothers and young children, which is still their basic function, they are increasingly concerned with other age groups, particularly the aged. Some health visitors combine this work with general nursing and midwifery. All act also as school nurses.
  - (c) Child Welfare Centre. A Child Welfare Clinic is held at the Health Clinic, Launceston, three times each month.
  - (d) Dental Clinic. Priority dental treatment for expectant and nursing mothers and pre-school children is available at the Dental Clinic at the Health Clinic, Launceston.
  - (e) Vaccination and Immunisation. Facilities for vaccination against smallpox and immunisation against diphtheria, whooping cough and tetanus, and for poliomyelitis vaccination, are provided at the Child Welfare Clinic or by the supply of materials to the family doctor.
  - (f) Home Help Service. Home helps are employed to provide domestic help for households in certain circumstances, a charge being made for this service according to the means of the person concerned.
  - (g) Ambulance Service. A service of ambulances for the conveyance of sick, accident and emergency cases is provided. For sitting cases, utilising sitting case vehicles are used. When appropriate, some such cases are carried by the Hospital Car Service, a voluntary organisation. Day-to-day administration of the service is carried out from the Ambulance Control, Bodmin.



- (h) Prevention of Illness, Care and After-care. A full-time tuberculosis health visitor is provided for the care and after-care of tuberculous persons. District nurses are available to assist in the treatment of such persons when required by the Chest Physician or family doctor. Routine tuberculin testing and, if necessary, B.C.G. vaccination (i.e. vaccination against tuberculosis) is provided for senior school children.

Certain special investigations are carried out in other types of illness by district health visitors, while health education is carried out by the County's Medical and Nursing staff.

- (i) Mental Health. The County Council has certain responsibilities in connection with the ascertainment of mental ill-health and mental deficiency, with the provision of statutory supervision, etc. for mental defectives living in the community, and with the provision of after-care following treatment for mental illness. The Mental Welfare Officer for the district works from the Health Area Office, Launceston.

II Education Department. As local education authority, the County Council is responsible for the School Health Service, which provides the following :-

Periodic Medical Inspection of pupils  
Cleanliness Surveys of pupils  
Dental Inspection and treatment of pupils  
Ascertainment of handicapped pupils in need of special education  
Treatment Clinic, Health Clinic, Launceston :-

Dental Clinic, twice weekly

Child Guidance, by arrangement.

- III Welfare Department. This service is concerned with the welfare of the aged, and with that of various categories of handicapped persons. It is concerned also with the provision of temporary accommodation in certain circumstances for persons in urgent need thereof. The Welfare Officer for the district works from the Health Area Office, Launceston.

Hospital Services

The South Western Regional Hospital Board is the hospital authority for the area.



Launceston Hospital provides in-patient and out-patient facilities in the district. Patients are referred also to hospitals in Plymouth and elsewhere. Cases of infectious disease are admitted to the Scott Hospital, Plymouth, and tuberculosis patients to Didworthy Chest Hospital or Tehidy Hospital. Mental hospital accommodation is provided by St. Lawrence's Hospital and Laninval House, Bodmin, and Moorfields Hospital, Ivybridge, Devon. An Orthopaedic Clinic is held twice monthly at the Health Clinic, Launceston, and a Physiotherapy Clinic at Tavistock Hospital. The Chest Clinic is held at Launceston Hospital. An Ophthalmic Clinic for school and pre-school children is held periodically at the Launceston Health Clinic. A Specialist Ante-Natal Clinic is held in Launceston each week.

#### Laboratory Facilities

These are provided by the Public Health Laboratories at Plymouth and Truro to which specimens for bacteriological examination are submitted.





SANITARY CIRCUMSTANCES OF THE DISTRICT

WATER SUPPLIES

The parishes of Boyton, North Petherwin and Werrington only are served by the North Devon water Board. The major portion of the district is served by the East Cornwall Water Board.

The East Cornwall Water Board laid approximately 5,500 linear yards of 4" diameter main from Stokeclimsland to Tutwell. An extension of some 170 linear yards of 4" main was also carried out at South Petherwin. 140 new connections were made to properties. 13 new connections to properties in the parishes of Boyton, North Petherwin and Werrington were made by the North Devon Water Board.

Fluoride is not added to the public water supply in the district.

A total of 1,163 properties are connected to the public main supply. Of this total, 22 properties have standpipes.

<u>Parish</u>	<u>No. of properties connected</u>
Altarnun	157
Boyton	8
Egloskerry	54
Lawhitton	30
Lewannick	58
Lezant	65
North Hill	139
St. Stephens	34
St. Thomas	65
South Petherwin	162
Stokeclimsland	208
Tremaine	4
Warbstow	66
werrington	55
North Petherwin	45
Tresmeer	8
Treneglos	5

WATER SAMPLES

Public Supply Samples

157 samples were taken for bacteriological analysis from the following public supplies, all of which are chlorinated.



	<u>Samples taken</u>	<u>Satisfactory</u>	<u>Unsatisfactory</u>
Altarnun	12	12	Nil
Bolventor	9	8	1
Bastreet	86	86	Nil
Tutwell	6	6	Nil
Tregadillett	24	24	Nil
Warbstow	10	10	Nil
Lezant	5	5	Nil
Maxworthy	1	1	Nil
Stokeclimsland	4	2	2

Nine samples from the seven Bore Hole supplies were subjected to chemical analysis. Each sample proved to be of suitable quality for a public supply. The water from the Tregadillett and Warbstow sources contained amounts of iron which might possibly be sufficient to give rise to complaints of discolouration in a public supply.

#### Private Supplies

27 samples were taken for bacteriological analysis from individual private supplies. 14 samples proved to be bacteriologically satisfactory and 13 were unsatisfactory. In each case where a sample proves unsatisfactory, advice and help in overcoming the adverse bacteriological quality is given. A sample of water is taken as a routine measure following applications for Standard Improvement Grants where the property is not connected to the public main supply.

#### SEWERAGE AND SEWAGE DISPOSAL SCHEMES

Modern sewerage and sewage disposal facilities are available in the following communities :-

Altarnun and Five Lanes, including Trewint  
South Petherwin and Daw's House  
Stokeclimsland and Venterdon  
North Hill  
Coads Green  
Middlewood  
Lawhitton  
Trebullett  
Egloskerry

#### Lewannick and Polyphant Sewerage and Sewage Disposal

The scheme of sewerage and sewage disposal to serve Lewannick and Polyphant which started in November, 1966 was continued in 1967. At the end of the year the sewers, manholes and house connections were complete in Lewannick and the combined works 95% complete. At Polyphant the sewers, manholes, house connections and rising main were complete. The pumping station site had also been excavated. It is anticipated that the works will be able to accept flow from Lewannick at the end of January, 1968.



### Langore Sewerage and Sewage Disposal

The sewers, manholes and house connections were complete at the end of the year. Construction of the disposal works was also well advanced at the end of the year under consideration.

### North Petherwin Sewerage and Sewage Disposal

This scheme was prepared by the Council and an enquiry was held on 27th September, 1967. Subsequently the need for the scheme on public health grounds was accepted by the Ministry. Some minor technical amendments were requested by the Ministry and agreed to by the Council. At the end of the year, the authority of the Minister to advertise for tenders was awaited.

The execution of the Council's programme of sewerage and sewage disposal and the maintenance of the works and sewers is the responsibility of the Engineer and Surveyor.

### PUBLIC CONVENIENCES

Trebursye. These conveniences, sited in a lay-by on the A.30 trunk road, are extensively used and are a worthwhile amenity.

Altarnun. The construction of these conveniences proceeded during the year, and they were brought into use at the end of December.

Stokeclimsland. Difficulty in obtaining a site has been experienced. It is hoped that a suitable site will be found during 1968.

### PREVENTION OF DAMAGE BY PESTS ACT 1949

The Council do not employ a rodent operator. Advice on the treatment of infestation is given upon receipt of a complaint. Every assistance is given by the Field Officer of the Ministry of Agriculture, Fisheries and Food whose co-operation is appreciated.

The refuse tip is baited regularly for rats and the rodent population kept as low as possible.

### THE CARAVAN SITES & CONTROL OF DEVELOPMENT ACT 1960

A licence to station caravans on a holiday site was issued during the year. Both chalets and caravans are involved. All the statutory facilities have been provided on the site.

### REFUSE COLLECTION

The Council employ a Contractor to collect household refuse along specified routes at weekly intervals. A monthly collection of litter from all the bins sited in roadside lay-byes is also undertaken. Twice weekly collections from the bins along the A.30 road were undertaken for ten weeks covering the peak holiday season. The net cost of collecting and disposing of refuse is approximately 25/- per ton.





## HOUSING

Local Authority owned houses	175
Local Authority houses completed in 1967	19
Private enterprise houses completed in 1967	15

## HOUSING ACT 1957

1. Houses in Clearance Areas demolished	2
2. Unfit houses closed	8
3. Unfit houses made fit and houses in which defects were remedied -	
(a) After Informal Action	1
(b) After formal notice under the Public Health Act 1936	Nil
(c) After formal notice under the Housing Act Sections 9 and 16	Nil

## OVERCROWDING

There are no known cases of statutory overcrowding.

## RENT ACT 1957

No certificates of disrepair have been requested.

## HOUSE PURCHASE AND HOUSING ACTS 1959 and 1964

The Council do not offer Discretionary Grants

## STANDARD IMPROVEMENT GRANTS

Schemes submitted during 1967	59
Schemes approved during 1967	58
Schemes completed during 1967	39
Cost of schemes completed and paid during 1967	£17,180.8.10d.
Grants paid during 1967	£ 6,977.18.3d.
Total number of grants offered	334
Total number of grants completed	250
Total value of grants paid	£35,091. 2.8d.
Total number of water closets provided	241
Total number of baths provided	249
Total number of lavatory basins provided	247
Total number of hot water supplies provided	241
Total number of ventilated larders provided	141
Owner occupied houses	90
Tenanted houses	62

Total number of Standard grants completed 259 comprises 175 owner/occupied properties and 84 tenanted premises. Average cost per property in 1967 was £440.10.8d. and the average grant £178.18.5d. showing an average increase of £17 grant when compared with 1966.





### ICE CREAM HEAT TREATMENT REGULATIONS

There is one ice cream factory in the district from which regular samples are taken in varying stages of manufacture. 22 samples of ice cream were taken, of which 16 were satisfactory and 6 unsatisfactory. The six unsatisfactory samples appear to have been caused by a defective mechanical component which was renewed. Subsequent samples proved to be satisfactory.

A purpose-made insulated container was purchased during the year in an effort to ensure that the samples reach the laboratory in a satisfactory condition.

Twenty-four premises are registered under Section 16 of the Food and Drugs Act 1955 for the sale of ice cream.

### FOOD PREMISES

There are in the district :-

Cafes, snack bars and restaurants	13
Butcher's shops	4
Grocers	27
Bakehouses	Nil
No. of visits to food premises	17
Informal notices served	1

### KNACKER'S YARD

There is one such establishment within the district, whose licence excludes the slaughter of horses.

### MEAT INSPECTION AND SLAUGHTERHOUSES

There are three slaughterhouses in the district. Two are large abattoirs which slaughter for the wholesale market. The third slaughterhouse serves the needs of a small butcher.

The overall throughput has decreased by 5% in relation to the preceding year, being a decrease of 4858 food animals slaughtered and inspected.

A one hundred per cent meat inspection service is provided by Veterinary Surgeons at the two larger slaughterhouses and by the Council's Public Health Inspector at the smaller slaughterhouse.

Details of the animals slaughtered and inspected are set out in the table attached to this report. (Table IV).

### SCRAP METAL DEALERS ACT 1964

Nine registrations have been made under the Act.



FACTORIES ACT, 1961

Total number of factories with power	25
Total number of factories without power	4
Outworkers	Nil
Works of Engineering Construction	2

CLASSIFICATION OF FACTORIES

Agricultural Food stuffs	4
Motor Vehicle Repairs	5
Engineers and agricultural implements	5
Abattoirs	2
General Smithing	1
Concrete Block making	1
Joinery	4
Ice Cream Manufacture	1
Saw Mills	1
Poultry Appliances	1
Scrap Merchants	2
Clothing	1
Knacker	1
Total visits	18
Formal Notices	Nil
Informal Notices	1

Prescribed Particulars on the Administration of the Factories Act 1961 are attached to this report in the manner required by Circular 1/60 of the Ministry of Health.

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Registration existing at the end of the year

Offices	3
Retail shops	4
Wholesale shops and warehouses	Nil
Catering establishments open to the public	3
Fuel storage depots	Nil
Total	10

ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN REGISTERED PREMISES AT END OF YEAR

Offices	9
Retail Shops	11
Catering Establishments	16
Canteens	Nil
Total	36 (of whom 20 are females).

Eight inspections were made of registered premises during the year. No accidents were reported.



OFFICES, SHOPS & RAILWAY PREMISES ACT 1963 (contd.)

In order to avoid duplication of labour, four premises are inspected by the Factory Inspector only, where otherwise both he and the Public Health Inspector would make separate inspections. The co-operation of the Factory Inspector is appreciated.

MILK SUPPLIES

Brucella Abortus

Routine sampling of milk has not been undertaken specifically for the identification of this organism, but, if a human case of brucellosis comes to light, samples have been taken by the officers of the County Health Department.

Samples were taken from the herd of a producer-retailer for this reason, and living brucella organisms cultured in the sample from one cow. A notice under Regulation 20 of the Milk and Dairies (General) Regulations, 1959, was served, and an alternative supply of pasteurised milk arranged. After disposal of the affected cow, two further series of samples were free from infection, and the notice was cancelled. Subsequent routine sampling, after an interval of three months, however, revealed an infected sample from another cow, and it was necessary to re-impose the notice.

Although this action must present a considerable difficulty in many ways to a producer-retailer, the farmer concerned in this case gave full and ready co-operation in the matter.

THE LIQUID EGG (PASTEURISATION) REGULATIONS 1963.

There are no egg pasteurisation plants in the district.

POULTRY INSPECTION

There are no poultry processing premises within the district.





PREVALENCE OF AND CONTROL OVER INFECTIOUS AND  
OTHER DISEASES

The infectious diseases which are statutorily notifiable to the Medical Officer of Health are the following :- smallpox, cholera, diphtheria, membranous croup, erysipelas, scarlet fever, typhus fever, typhoid fever, paratyphoid fever, relapsing fever, plague, poliomyelitis, tuberculosis, malaria, dysentery, puerperal pyrexia, ophthalmia neonatorum, acute primary pneumonia, acute influenzal pneumonia, whooping cough, measles, acute encephalitis, meningococcal infection, anthrax, leprosy, infective jaundice and food poisoning.

The monthly incidence of infectious disease is shown in Table III.

Smallpox. No case was notified during the year, in the course of which 94 primary vaccinations and 7 re-vaccinations were carried out.

Diphtheria. No cases of this disease were notified during 1967. 141 children received a complete course of primary immunisation during the year, the triple antigen against diphtheria, whooping cough and tetanus being used in almost all instances. 212 children received reinforcing injections.

Measles. 41 cases of this disease were notified during the year. 27 of the cases occurring in February.

Whooping Cough. Five cases of this disease were notified during the year, one of these being an adult.

Poliomyelitis. No cases of this infection were notified during the year. 186 persons received a complete course of oral vaccination against the disease, and 242 received reinforcing doses of the vaccine.

Puerperal Pyrexia. This is defined as any feverish condition occurring in a woman in whom a temperature of 100.4°F or more has occurred within fourteen days after childbirth or miscarriage.

One case was notified in May. This was due to a coincidental upper respiratory infection.

Anthrax. Anthrax is primarily a disease of animals, but is transmissible to man in whom of recent years, it has been made a notifiable infectious disease.

When the disease occurs, or is suspected, in an animal, the Anthrax Order of 1938 provides for action to be taken in connection with the animal and the infected premises with a view to limitation of the spread of infection and its elimination from the affected place. This action is taken by the police acting, for this purpose, as inspectors on behalf of the County Council. Copies of the statutory notices required by the Order are sent to the Medical Officer of Health, among others.



When a copy of the initial notice is received by your Medical Officer of Health, it is his practice to visit the premises in order to acquaint the human contacts of the personal precautions they should take, and of the action required if they should develop suspicious symptoms. The Medical Officer of Health also informs the family doctors of the contacts. As far as the animal and premises are concerned, the police deal thoroughly and satisfactorily with them.

In February, one notice of this nature was received. The diagnosis of anthrax in the animal was not confirmed.

Brucellosis. This disease, sometimes known in man as undulant fever, is primarily a disease of cattle, and is caused by the organism known as brucella abortus. The germ causes contagious abortion in cattle. The disease is transmissible from infected cattle to human beings. As the germs are excreted in the milk from an infected cow, the drinking of such milk in the raw state is one main mode of infection. The other is direct contact with an infected animal, and those most at risk of becoming infected in this way are farmers, farm workers, veterinary surgeons and others who work with cattle.

The human disease has been thought to be uncommon in this country, but there are grounds for believing that it is more common than was formerly supposed. The exact diagnosis depends on laboratory tests and, in the absence of these tests, the disease may not be recognised, or may be diagnosed as some other condition. The occurrence of cases without symptoms, or of mild cases, may contribute to the confusion. Very often, however, the disease is a severe, prolonged and debilitating illness with a slow recovery and liability to relapses.

Brucellosis is not statutorily notifiable to the Medical Officer of Health, but is often informally notified. In 1967, one case came to notice in this way. Investigations established that the patient drank untreated milk obtained from a local producer-retailer. The County Public Health Service undertook the collection and submission of milk samples for bacteriological testing from this herd. The sample from one cow was found, on bacteriological culture, to contain living brucella organisms. A notice under Regulation 20 of the Milk and Dairies (General) Regulations, 1959, was served, to stop the sale of this milk, and an alternative supply of pasteurised milk was arranged for the customers.

The spread of this disease by the consumption of infected milk would be prevented if all milk sold to the public were required to be effectively heat-treated before sale.

The prevention of spread by direct contact with infected animals, however, is much more difficult of achievement. Personal precautions may be effective for those in contact with animals known to have the disease, but, as some infected animals may have no symptoms, or may excrete the germs of the disease only intermittently, the risk to those unknowingly in contact is bound to be high. Schemes of calf vaccination against the disease, with the object of producing an immune bovine population, have





been only partly successful. The achievement of a brucellosis-free population of cattle is the only sure way of preventing the spread of the disease by direct contact, and this requires a scheme of eradication. This is a formidable project, which will require time and involve considerable public expense. The first step in this direction was taken by the Ministry of Agriculture, Fisheries and Food in 1967, with the introduction of the Brucellosis(Accredited Herds) Scheme. The basic object of this scheme is the identification of herds free from brucellosis which may be the future source of surplus stock for providing replacements for herds from which the disease is being eradicated. This is, therefore, a long-term aim, but, no doubt, further action will follow as the scheme develops and the number of accredited herds increases.

Food Poisoning. No cases of food poisoning were notified during the year. Two cases of infection by the germ salmonella typhimurium, however, occurred during the year. This germ is one of the food poisoning group of bacteria. The two cases were young children who had been admitted to hospital for the treatment of acute diarrhoea. Both were in hospital at the same time, but their homes were some distance apart, and there was no connection between the households. In each case, laboratory checks on the home contacts revealed that one other member of each family was also excreting the organism. No articles of food or drink could be incriminated, and the original source of the infection was not discovered. In each case, the affected child and the other infected member of the family were kept under surveillance by the periodic submission of faecal specimens to the Public Health Laboratory until the infection cleared up.

Infections of animals by the salmonella group of germs may be a danger to human contacts. In two instances, information was received from the Divisional Veterinary Officer, Ministry of Agriculture, Fisheries and Food, of infections of cows by the germ Salmonella dublin. In each case, as is the routine practice, the affected farm was visited, and the human contacts advised of the risk and of precautionary measures. Specimens obtained from all the human contacts were submitted to the Public Health Laboratory. In no case had any human contracted the infection.

Tuberculosis.

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non-Pul.</u>	<u>Pul.</u>	<u>Non-Pul.</u>
Cases on Register 31.12.66	6	2	7	3
No. of cases notified during year	1	-	-	-
Cases restored	-	-	-	-
Inward Transfers	1	-	-	-
Cases Removed	-	-	-	-
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Total on Register 31.12.67	8	2	7	3
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In the investigation of contacts of a case of pulmonary tuberculosis notified in 1966, one new case was discovered, and notified during the year. This was a primary school child, and a check was made of all other children in the school and of members of the staff of the school. For the children, parents were offered a scheme of periodic surveillance by a tuberculin skin test, and every parent accepted this offer. The members of the staff were checked by chest X-ray. The surveillance was continued by repetition of the skin test over a year, and no further cases came to light.

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from tuberculosis.

The Regional Hospital Board is responsible for treatment of tuberculosis patients and the County Council for the prevention of spread of the disease and aftercare of the patients.

Out-patients and contacts are seen by the Chest Physician (Dr. Dawson) at the Chest Clinic at Launceston Hospital. The County Council Tuberculosis Health Visitor attends the Clinic, follows up the patients in their homes, traces contacts and sources of infection and thus acting as a most valuable essential "Liaison Officer" between the curative and preventive services, bridges a most alarming administrative gap.

All susceptible contacts of known cases are offered B.C.G. Vaccination and most avail themselves of this method of protection.

The scheme for B.C.G. Vaccination of susceptible children of secondary school age was continued by the County Council during the year, again with a good response.

#### OTHER DISEASES

Cancer of the Lung. During 1967, out of a total of 11 deaths from all forms of cancer, one male death was due to cancer of the lung. This brings the total of deaths from this cause in the district since 1949 to 19 male and two female deaths. During the same period, there have been 109 male and 109 female deaths from all forms of cancer.

Cancer of the Cervix. The Cervical Cytology Clinic at Launceston came into operation again in January, 1967, as the Area Pathological Laboratory became able once more to accept specimens for examination, having overcome the staffing difficulties which led to the suspension of the Clinic in the previous year.

Women between the ages of 30 and 55 years are accepted for this form of examination. The clinic at Launceston serves the whole of the Health Area, and beyond. During the year 501 specimens were submitted to the laboratory. One case of obvious cancer of the cervix was discovered, and was referred for urgent treatment. Two further suspicious cases were referred for more detailed investigation.



TABLE I  
TUBERCULOSIS

Age and Sex distribution of cases and deaths - 1967.

<u>Age Groups</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pul.</u>		<u>Other</u>		<u>Pul.</u>		<u>Other.</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	1	-	-	-	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	-	-	-	-	-	-	-	-
35 -	-	-	-	-	-	-	-	-
45 -	-	-	-	-	-	-	-	-
55 -	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-

TABLE II  
VITAL STATISTICS

<u>YEAR</u>	<u>POPULATION</u> <u>(Estimated)</u>	<u>BIRTHS</u>		<u>DEATHS</u>			
		<u>Number</u>	<u>Crude Rate</u>	<u>Under 1 year</u>		<u>All ages</u>	
				<u>Number</u>	<u>Rate</u>	<u>Number</u>	<u>Rate</u>
1963	5,970	102	17.085	3	29.41	76	12.73
1964	5,960	97	16.275	1	10.309	83	13.926
1965	5,960	98	16.44	-	-	64	10.738
1966	6,760	82	12.13	3	36.58	89	13.165
1967	7,050	100	14.2	3	30	74	10.5

TABLE III

Monthly Incidence of Notifiable Diseases (other than Tuberculosis)

	<u>Jan.</u>	<u>Feb.</u>	<u>Mar.</u>	<u>Apr.</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug.</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>	<u>Total</u>
Measles	1	27	4	1	-	3	4	1	-	-	-	-	41
Whooping Cough	-	-	3	-	-	-	-	-	-	-	2	-	5
Periperal Pyrexia	-	-	-	-	1	-	-	-	-	-	-	-	1
	1	27	7	1	1	3	4	1	-	-	2	-	47



TABLE IV

MEAT INSPECTION

Carcases and offal inspected and condemned in whole or in part.

	Cattle excl. cows	Cows	Calves	Sheep & Lambs	Pigs	Horses
No. killed	2,425	888	6,819	69,539	17,374	Nil
No. inspected	2,425	888	6,819	69,539	17,374	Nil
<u>All diseases except Tuberculosis and Cysticercosis</u>						
Whole carcasses condemned	5	36	48	269	58	Nil
Carcasses of which some part or organ was condemned	906	481	31	6,010	1,203	Nil
% of the number inspected affected with disease other than tuberculosis and cysticercosis	37.6	58.2	1.15	9.03	7.3	Nil
<u>Tuberculosis only</u>						
Whole carcasses condemned	Nil	Nil	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	Nil	Nil	Nil	Nil	277	Nil
% of the number inspected affected with tuberculosis	Nil	Nil	Nil	Nil	1.6	Nil
<u>Cysticercosis</u>						
Carcasses of which some part or organ was condemned	14	3	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration	4	2	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil	Nil	Nil
Unfit meat and offal condemned	46 tons 16 cwt. 27 lbs. (approx)					

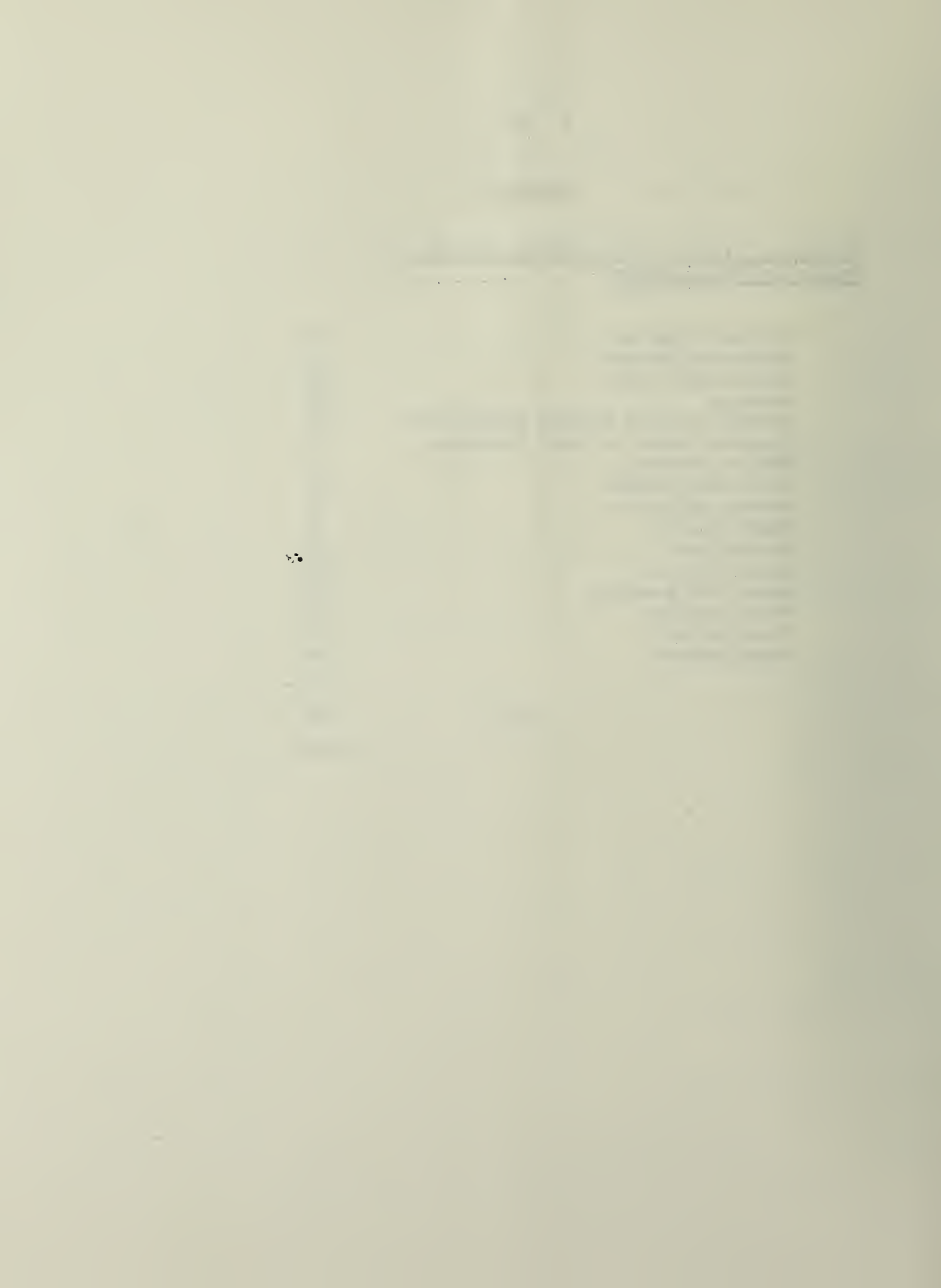




TABLE V

Classified Visits and Inspections made by the  
Public Health Inspector

Food and Drugs Act	12
Infectious Diseases	3
Public Health Act	41
Drainage	120
Offices, Shops & Railway Premises Act	8
Slaughterhouses and Meat Inspection	61
Milk and Dairies	7
Improvement Grants	189
Caravan Sites, etc.	8
Rodent Control	6
Housing Act	58
Refuse Disposal	25
Sewers and Sewerage	29
Water Supplies	46
Factories Act	4
Miscellaneous	20
	<hr/>
Total	637
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APPENDIX

FACTORIES ACT, 1961

Prescribed Particulars on the Administration of the  
Factories Act, 1961.

Part 1 of the Act

1 - INSPECTIONS for purposes of provision as to health

Premises	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	4	1	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	25	3	1	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Outworkers' Premises)	4	-	-	-
Total	33	4	1	-



2 - Cases in which DEFECTS were found

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (Section 1)	1	1	-	1	-
Overcrowding (Section 2)	-	-	-	-	-
Unreasonable temperature (Section 3)	-	-	-	-	-
Inadequate Ventilation (Section 4)	-	-	-	-	-
Ineffective drainage of floors (Section 6)	1	1	-	-	-
Sanitary Conveniences (Section 7)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	1	1	-	1	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (Not including offences relating to outwork)	-	-	-	-	-
Total	3	3	-	2	-





PART VIII of the Act

Outwork

(Sections 133 and 134)

Nature of work	Section 133			Section 134		
	No. of outworkers in August list re- quired by Section 133(I)(c)	No. of cases of default in sending lists to the Council	No. of prosecu- tions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prose- cutions
-	-	-	-	-	-	-

